PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/568358

| | | | | | | | 12. () | | | (|
|--|---|---|-----------------|---|------------------|-----------------|------------------------|----|-------------------------------|------------------------|
| | | CLAIMS A | (Column 1) | | (Column 2) | SMALL I TYPE | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | |
| U.S. NATIONAL STAGE FEES | | | (22.2 | <u> </u> | (- 0. m.) | RATE | FEE |] | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | ***** | EXAM. FEE | | 1 | EXAM. FEE | · |
| SEARCH FEE | | | | | · | SEARCH F | | 1 | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minu | ıs 100 = | / 50 = | X \$ 125 | | 1 | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 21 minus 20 = * | | } | X \$ 25 | = 25 | OŔ | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | i m | inus 3 = * | | X \$ 100 | | OR | X \$ 200 = | |
| MULTIPLE DEPENDENT CLAIM PRE | | | ESENT | | | + \$ 180 | = | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | 475 | OR | TOTAL | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL ENTITY | | OTHER THAN OR SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 | = | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 | = | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | NULTIPLE DEPE | ENDENT CLAIM | | + \$ 180 | = | OR | + \$ 360 = | |
| | | | | | 1 | TOTAL ADI | DIT. | OR | TOTAL ADDIT. | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 : | = | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 | = | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 | = | OR | + \$ 360 = | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". | | | | | | | | | | <i>y</i> . |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |